EXHIBIT 44

			VE ACTION	ON FORM		
EMPLO Employee	YEE INFORMATION.				and the second second	
Last H	enley		First		Initial	
lob	G Tech II		Name			
Departmen	nt Cardiology					
Location	Obn-01			7		
	12/6/2010		Check One	_Full-Time 	Bargaining Position Yes No	
INCIDENT	INFORMATION		7	Temporary (contingent)	35001 40A (1774-1774)	SOR PERO
Date Reported	2/01/16	Incident Type	118	See back of this form	m for Incident Type Codes.	
Supervisor Name	Marcie Rowan					
ACTION T Action Step	AKEN Counseling Written Warning #1	-	3 Day or 5 Day Susp /2/16 2/3/1		return towork	, 0700 san
	Written Warning #2		Termination - (Note T	ermination Date): ve approval of ER/LR Lea	ader.)	
Action Date	2/2/16	Action Discussed With (Supervisor)				
Description of Incident				Date of Incident		
Inappro	ppriate remarks made on	a patient's voice	mail by employee			
Supervisor/ Signature	/Manager			Date		
Director Signature				Date		
ER/LR Dire Signature	Ollan	~ Wa	jeen	Date	2-4-16	
EMPLOYE	E COMMENTS			4.5		
	e of Employeeee signature does not indicate ag	reement, merely receip	pt of this report.	Da	ate	-
Witness Signature	Λ i			Date		
Steward Sig (if applicable	er Jaslan	welle	aks	Date Z	14/16	
Hem SI	played contact	ed wa te	rephone t	o inform	of results of	

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.624 Page 3 of 31 Dakwood CORRECTIVE ACTION FORM EMBLOYEE INFORMATION TO A Employee ID, Initial Last First Nan Name Job RN Title Department Emergency OH-D Check One √ |Full-Time Bargaining Position Part-Time √ No Hire Date Yes 5-19-10 Temporary (contingent) INCIDENTINEORMATION Incident Date 3-17-15 118 Reported Type See back of this form for Incident Type Codes. Supervisor Name ACTION TA Counseling 3 Day or 5 Day Suspension - (List Dates): Action Written Warning #1 Step 3-26-15 Termination - (Note Termination Date): Written Warning #2 (Termination must have approval of ER/LR Leader.) Action Action Discussed 3-26-15 Amanda Kerr Date With (Supervisor) Date of Description 3-17-15 of Incident On 3-17-15, you threatened to go to your car, get your gun and shoot an identified patient. You reinforced that you had a CPL, did own a gun, and had the gun in your car in the hospital parking lot. When security arrived, you were aggressive & threatening to the security officer. You made these comments and displayed this behavior in the Pod where other patients, family, staff could observe you. You admitted to making this statement Supervisor/Manager Signature Date Director Signature Date ER/LR Directo Signature Date Signature of Employee

(if applicable)

1 PROBLEM RESOLUTION POLICY ATTACHED

Employee signature does not indicate agreement, merely receipt of this report.

Witness
Signature
Steward Signature

Date

	NFORMATION		VE ACTION	I FORIN	
Employee ID	9264				
Last Name Hackey)		First Aaron		Initial
Job Title Nurse As	sistant				
Danadasal	gressive Care - Ne	uro		.*	
Location 7 Nort					
Hire Date 4/4/2(7 =	-Time I-Time	Bargaining Position
THE DATE 4/4/20	/11			aporary (contingent)	V YesNo
INCIDENT INFOR	MATION			建时张 高雄烈	
Date 4/1/2 Reported	014	Incident Type	018/18	See back of this form for I	ncident Type Codes.
Supervisor Name Don	na Robinson-McM	lanus			
ACTION TAKEN		Will control of the			· 格里學學的企業以
Action	Counseling	_	3 Day or 5 Day Suspensio	n - (List Dates):	
Step (Written Warning #1	=	~		
Ĺ	Written Warning #2	✓	Termination • (Note Termin (Termination must have ap	terres and the second	014
Action 4/1/2	014	Action Discussed 4	/1/2014	provide of Elivery Leaders,	
Description		With (Supervisor) 4	111-011	Date of	/2014
of Incident		1 110 7	Y	Incident	
			יסל הפינה נותונוני יותונים וומו	s a hostile work en	
The individual dis	il violated a major plaved unacceptab	le behavior when	he physically touche	ed another employe	ronment) when the
The individual dis	il violated a major played unacceptab	le behavior when	n he physically touche	ed another employe	e.
individual dis	played unacceptab	le behavior when	n he physically touche	ed another employe	e.
individual dis	played unacceptab	le behavior wher	n he physically touche	ed another employe	e.
individual dis Supervisor/Manage Signature	played unacceptab	le behavior wher	n he physically touche	ed another employe	e.
individual dis Supervisor/Managé Signature	played unacceptab	le behavior wher	n he physically touche	Date 4	e.
individual dis Supervisor/Manage Signature Director Signature ER/LR Director Signature	played unacceptab	le behavior wher	n he physically touche	Date Date	e.
individual dis Supervisor/Manage Signature Director Signature ER/LR Director	played unacceptab	le behavior wher	n he physically touche	Date Date Date	e.
individual dis Supervisor/Manage Signature Director Signature ER/LR Director Signature	played unacceptab	le behavior wher	n he physically touche	Date Date	e.
individual dis Supervisor/Manage Signature Director Signature ER/LR Director Signature	played unacceptab	le behavior wher	n he physically touche	Date Date Date	e.
individual dis Supervisor/Manage Signature Director Signature ER/LR Director Signature Signature Signature Signature	played unacceptab	NOMAMA	n he physically touched	Date Date Date Date	e.
Supervisor/Manage Signature Director Signature of Employee signa	played unacceptab	NOMAMA	n he physically touched	Date Date Date Date	e.
Supervisor/Manage Signature Director Signature ER/LR Director Signature Signature Signature Signature Signature of Employee signa	played unacceptab	NOMAMA	n he physically touched	Date Date Date Date Date Date	e.

Oakwood					
CORREC	TIVE ACTION F	ORM			
EMPLOYEE INFORMATION		HE COLOR SHALL BE LESS WELL WELL TO			
Employee ID					
Name	First Name	Initiat			
Job Title Transporter					
Department Patient Transport #813300		.*			
Location DBN-01	Check One Full-Time	Bargaining Position			
Hire Date 5/19/2014	✓ Part-Time	√ Yes No			
INCIDENT INFORMATION		y (contingent)			
Date 11/13/2015 Incider	1				
Reported Type	118 See ba	ack of this form for Incident Type Codes.			
Supervisor Name					
Action Counseling	[/] a p a p g p g p (1)				
Step Written Warning #1	- 11/24/15 11/25/15	st Dates): RTN to WORK 11/27/15 11/28/15			
Written Warning #2 1:30pm	Termination - (Note Termination 6	Control of the contro			
Action Action Discuss		of ERVER Leader.)			
Date With (Supervisions)	sor)	Date of			
of Incident		Incident			
Behavior which creates a hostile work environment such as threatened or physical violence, harassment, or verbal abuse of a patient, visitor or an employee. Employee verbally used abusive\language towards leadership.					
Supervisor/Manager		Date			
Signature Director		Date 11 / 7 / 8 / 1 %			
Signature ER/LR Director		Date , (/ / -			
Signature & College Faled	lil.	14/24/2015			
EMPROYEECOMMENTS					
Signature of Employee Employee signature does not indicate agreement, merely	receipt of this report.	Date 11 29-75			
Witness		Date			
Signature Steward Signature		Date //-24-15			
(if applicable)		11-64-15			

·	Oakwood CORREC			TION F	ORM		
	Employee ID						
	Name Stephenson		First Name	rita-j		Initia	I
	Job Title Anesthesia Technician						
	Department Anesthesia						
	Location DBN01		Check One	✓ Full-Time		Bargaining Posi	tion
	Hire Date	1		Part-Tim		Yes	√ No
	INCIDENT INFORMATION	医 参加		The state of	ily (contingent)		
	Date ongoing Incid Reported Type	2002	118	See	back of this form for la	ncident Type Cod	les.
	Supervisor Name ACTION TAKEN						
	Action Counseling	-	3 Day or 5 Day S			4/9/14	4/10/14
	Step Written Warning #1 Written Warning #2	4/4	1/14 4/ Termination - (No	7/14			4/10/14
٠,			4		al of ER/LR Leader.)		
	Action Discu With (Super		ouise Martin /	Matt Jako			
	of Incident Behavior which creates a hostile v	vork en	vironment		Date of Incident Ong	going	
4	others and commentary, as reported by nur			via her der	neanor, body la	nguage, inter	actions with
	Supervisor/Manager () Signature	1	anna ann a dh'aireadh lean agus a bhainn agus a bhainn a marainn ann ann ann ann ann ann ann ann ann	турттур 49 байлайда айланда адабат	Date 4	3/14	
	Director Signature			***************************************	Date	<i>(/</i>	
-	ER/LR Director Signature				Date (7)	14	
	EMPLOYEE COMMENTS						
	Signature of Employee KLTOSCA TO SEMPLOYEE SIGNATURE does not indicate agreement, mere	Y receipt	of this report.		Date		
	Witness			/ 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Date		
	Signature ; Steward Signature (if applicable)				Date		

Oakw	CORRECT	VE ACT	ION FORM	1	
EMPLOYEE INFORMATIO					
Last Name		First Name Patr	icia	Initi	al
Job Title Anesthesia Technicia	311				
Department Anesthesia					
Location DBN01		Check One	√ Full-Time	Bargaining Pos	illion
Hire Date		- Onesia Gira	Part-Time	Yes	√ No
			Temporary (conlingen		
INCIDENT INFORMATION					
Date ongoing Reported	Incident Type	118	See back of this fo	orm for Incident Type Co	odes.
Supervisor		Land Company of the C			
ACTION TAKEN					***
Action Counseling		3 Day or 5 Days	Suspension - (List Dates):		
Step Written Wa	rning #1 4	4/14	7/14 4/8/14	4/9/14	4/10/14
Written Wa	rning #2		te Termination Date):		
Action 4/3/14	Action Discussed	Louise Martin /	t have approval of ER/LR Le	eader.)	
Date	TARIUT (OCHETAISOL)		Date of	1 angaing	- Variable
Description of Incident Behavior which			Incider		
others and commentary,	to creating a hostile wo as reported by numerou		via her demeanor, b	ody language, int	eractions with
Supervisor/Manager	we become the	192402-11	FOR SIFTING	me, that a	(10) 13.57 to
Signature ALTE	se Martin		. Date	7/3/201	4
Director Signature			Date	•	
ER/LR Director			Date /_	1214	
Signature COMMENTS	HARMAN THE SECTION	V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		77	White Hall
				N.E.	1
6	mylloge N	fused,	tosian. Co	into the	wilt!
Signature of Employee				Sate /	
Employee signature does not li	ndicate agreement, merely rece	ipt of this report.			
Witness			Date		
Signature Steward Signature	- January		Date		
(if applicable) Chadw/Bed EAW/Minerior			/		
14 1. 16 1	"	sor Kand			

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.629 Page 8 of 31

Jakweod	HUMAN RESOURCES
CORRECTIVE ACTION F	ODM
	JAIG 6 9 7010
EMPLOYEE INFORMATION	
934132	TEOLIVI.L.
Name First Name	Initial M
Job Title X-ray Tech	
Department Radiology	
Location	
(Teneral X-vay Check One X Full-Time	Bargaining Position
Hire Date 9/23/02 Part-Time Temporary	Yes No (contingent)
INCIDENT INFORMATION	
Date Reported 2 16 15 Incident Type 10 2 See ba	ick of this form for Incident Type Codes.
Supervisor Name Livi Say VIIIa	
ACTION TAKEN	
Action Counseling 3 Day or 5 Day Suspension - (Lis	t Dates):
Step Written Warning #1 - -4	1-5 1-6 1-7
Written Warning #2 Termination - (Note Termination D	The state of the s
Action Discussed ,	la_
Description O O 1	Date of 1 7 11.5
of Incident 102 Mohane or algusive language	/ Incident
had a verbal outbu	rst and usld
profanity per 3 witnesses. She wa	
having to rel	ille a Co-worker.
Supervisor/Manager Kundbay T. VIII a	Date /2/30/15
Director Signature	Date 1-5-11
ER/LR Director	Date S - 1 S
Signature Signat	1-5-16
EWIFLOTER COMMENTS RESIDENCE RESIDEN	
Signature of Employee	Date 12-30-15
Employee signature does not indicate agreement, merely receipt of this report.	
Witness	Date
Signature	Data
Steward Signature (if applicable)	Date



Oakwood CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION	
Employee ID 10545 CD	
Name Parada First Name Name	HUMAN NUSOURCES
Job Tille X-ray Tech	501 19 20 15
Department Radiotosy	Free Person Carlo France 1 1 forms
Location CTENERAL Radiology Check One Dell-Time	Bargaining Position
Hire Date B 17 109 Part-Time	Yes No
INCIDENT INFORMATION	
Date Incident Incident	ack of this form for Incident Type Codes.
Supervisor Lindsay Vella	
Action Counseling 3 Day or 5 Day Suspension - (Li	st Dates): - WARD un paid.
Step Written Warning #1 10 - 20 10 - 2	10 -23
Written Warning #2 Termination - (Note Termination	Date):
(Termination must have approval	
Action Discussed With (Supervisor) 10/10/15 Lin	dsay Vella
Description Hostile Work Environment	Date of 10 12 15
Shouted profanities	because she was
uppet about Englage	s' schedule
Supervisor/Manager And OCG T VIII a	Date 10/15/15.
Director Signature	Date
ER/LR Director	Date 16/15
Signature EMPLOYEE COMMENTS	
Signature of Employee	Date
Employee signature does not indicate agreement, merely receipt of this report.	Vale
Witness 2	Date
Signature	
Steward Signature	Date
(if applicable)	

					/
Oakwood	PECTIV	/F ACT	ION FORIV	·	
EMPLOYEE INFORMATION AND THE SECOND S			ION I OIN	a var ar kilisti kilisti kilista kili ar esta ar esta kilista kilist	Principality
Employee ID	12.11.13.11.20.15.11.5	300 理题[[6]			
Last Name		First	This is	Initial	
Job Tilla Laboratory Support Technician		Name			
Donat		etteta buru-tura un equi conse			
Specimen Processing					
Location OHMC-D		Check One	Full-Time	Bargaining Position	
Hire Date 04/16/2012]	✓ Part-Time	Yes √No	
			Temporary (conlingen		
INCIDENT INFORMATION 建设置基本的	1				新岩
Date 01/07/2014 Reported	Incident Type	118	See back of this fo	rm for Incident Type Codes	
Supervisor Name Chan Kakar	1				
ACTION TAKEN ACTION TAKEN			// 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Action Counseling		3 Day or 5 Day St	uspension - (List Dates):		
Step Written Warning #1	-			parational parations and the second s	_
Written Warning #2	✓	_	e Termination Date): have approval of ER/LR Le	01/10/2014	
[1] [0] [0] [1]	Discussed	(1emination most	have approval of ENVENTER	auc.,)	
Date With (S) Description Behavior which creates a host	Supervisor)	an and	Date o	. 01/07/2014	
of filologiti			Incider		
Altercation between and anot Employee is terminated effective imm		ee and not foll	owing Oakwood po	licies and Credo.	
Supervisor/Manager Signature			Date	1-10-2014	
Director Signature	21	•	Date	1-11-2014	
ER/LR Director	100		Dale	(/ 12 / 1)	
Signature EMPLOYEE COMMENTS ASSESSED FOR THE PROPERTY OF THE P					
	agisti bashidi bashi	STATE OF THE STATE			
				,	
Signature of Employee				Date	
Employee signature does not indicate agreement	, merely receipt	of this report.			
Witness		Announce Carlo Car	Date		
Signature Steward Signature		5	Date		
de de-la					

Oakwood			-1001			
CORRE	ECHV	/ EACI	IONF	ORM		
EMPLOXEE INFORMATION Employee ID					15 tg-198 tg	
Lithiosee 12 000003						
Last Name		First	NVIII N		Init	ial
loh		Name				
Title Laboratory Support Tech II						
Bepartment 833350						
Patient Service Centers		Check One	Full-Time		Bargaining Pos	sition
Hire Date 09/06/2011			Part-Time		Yes	√No
				(contingent)		
NCIDENTUNFORMATION		18 (4.5 PM) 18 (4.5 PM)				
3/20/13	cident rpe	102/118	See ba	ack of this form for l	ncident Type Co	odes,
Supervisor Name Teri Bishop						P
ACTION CAKEN						
Action Counseling	V	3 Day DF-5-Day S	Suspension - (Lis			
Step Written Warning #1	41	13/15 4	1/14/15	4/15/15	4/16/19	5 4/17/15
Written Warning #2		Termination - (No	te Termination (
		(Termination mus	t have approval	of ER/LR Leader.)		
Action Date 4/10/15 Action Discovery With (Sup	10	ri Bishop				
Description of Incident hostile work environment				Date of Incident 3/2	0/15	
has failed to follow CREDO bel	haviors by	y treating co-	workers wit	h respect and b	y creating	a hostile work
environment. Co-workers complained the	at Kathry	profane and	d abusive co	imments about	other Oakv	vood
co-workers on social media (including ra	icial slurs) while havin	g an Oakwo	ood affiliation	on her profi	le.
Supervisor/Manager	6	ECONOMICA DE SANCONOMICA DE SENCIO DE SE		Date /		
Signature Signature	40			476	75	a
Director /	,			Date		
Signature ER/LR Director				Date : :		-
Signature Wally TD	ソのく			Ι .	10-15	
EMELON EELENMENT					n de la	
Signature of Employer	7,17			Date 4	4-10-	15
Employee signature does not indicate agreement, me	erely receipt	of this report.		_ = = = =		
Witness				Date		
Signature						
eward Signature				Date		

Oakwood CORD		IE AC	TO AL E			
EMPLOYEE INFORMATION OF THE PROJECT	CUII	VEAU	TION F			EH.
Employee ID			.— <u>,,,,,,,,,,,,,,,,,,,,,,</u>	1000		
Last		First		HUNA	N RESCHIA	CES
Name Job		Name A	nthony 3			
Title Phlebotomist					14 19 2015	
Department Phlebotomy				AE(
Location Beaumont Dearborn		Check One	Full-Time		Bargalning Positi	on
Hire Date 11/7/2011			Part-Time		Yes	No
INCIDENTIATION.						
Date 11/17/2015 Reported	Incident Type	118	See b	eack of this form for	Incident Type Code	es.
Supervisor Name Janice Davis	HARACE	300,000			vance presentation agents	
Action Counseling	\checkmark	3 Day or 5 Day	/ Suspension - (Li	st Dates):	k (ferrer i rigida (n. 16) e vale papa nera konsideren kerrana.	
Step Written Warning #1	11	/17/2015	11/18/2015	11/20/2015	11/21/2015	11/22/2015
Written Warning #2		7	Note Termination ust have approva	Date): I of ER/LR Leader.)		
	Discussed Supervisor) Ja	nice Davis		NAME OF TAXABLE PARTY.		
Description Hostile and threatening work		nt		Date of Incident 11	/16/2015	
verbally abused the Lead wor	rking on 11	/16/2015.				
Supervisor/Manager Signature	Valor	/		Date [//	19/15	
Director Jehn Dun in Maria to the	L.			Date 1	1/2015	
Signature ER/LR Director Signature Signature Signature	lew:			Date 116	10/2019	5
anasayasaaninari		- 27 18 18 18 18	a vene a a a.	l an a Materia		
Signature of Employee				Date _		
Employee signature does not indicate agreement,	merely receip	t of this report.				
Witness Signature		fi .		Date /	e d	
Steward Signature (if applicable)	Clea	KS		Date ///(9/15	

Oakwood CORRECTIVE ACTION FORM					
EMPLOYEE INFORMATION					
Employee ID 4283315					
Last Name	First Name No.		Initial		
Job Registered Respiratory Therapist					
Department Respiratory Care					
DBN01	Check One ✓ Full-Tir	ne	Bargaining Position		
Hire Date 12/13/99	Part-TI.	me rary (contingent)	∐Yes [√]No		
INCIDENT INFORMATION					
Date 08/15/14 Inclo	1 118 1	e back of this form for it	ncident Type Codes.		
Supervisor Name Holly McShane ACTION FAREN					
Action Facility Action Counseling	3 Day or 5 Day Suspension -				
Step Written Warning #1	Carry of Control of Co	(car balos).			
Written Warning #2	✓ Termination - (Note Termination (Note Termination must have approximated)	(-control of the control of the cont			
Action Disc. Date 08/20/14 Action Disc. With (Supe	Issed Flice Personner PPT				
Dete With (Super Description of Incident	visory	Date of Incident 08/	/15/14		
Received complaint from nursing staff and patient regarding rude, hostile and sarcastic demeanor. When confronted by departmental leadership, he refused to take ownership or submit in writing his side of the incident.					
Supervisor/Manager Signature Supervisor/Manager	reter	Date 8	-19714,		
Director / Wh		Date &	119/2014		
Signature ERAR Director		Date			
Signature Sound	qui	8	19/2014		
refused to sign. Dymin 8/20/14					
Signature of Employee Employee signature does not indicate agreement, mer	alv receipt of this report	C Date_			
	er resempt of this report	Date			
Witness Signature		Date			
Steward Signature (if applicable)		Date			

Oakwood CORRECT	IVE ACTION FORM	
EMPROYEE INFORM MICH		
Employee ID 05 1640		
Last Name Corensen	First Name Kathryn	Initial
Job Title Registered Respiratory Therapist		
Department Respiratory Care		
Location DBN01	Check One	Bargaining Position
Hire Date 05/27/09	Part-Time Temporary (contingent)	Yes √No
Made Milliform and Comment of the Co		
Date 08/13/14 Incident Reported Type	118 See back of this form for in	cident Type Codes.
Step Written Warning #1 Written Warning #2 Action Discussed	d NON-CREDO behavior during a rapid re	
Signature Director Signature	Date 8	135/14
ER/LR Director Signature	Date 8/2/	
Signature of Employee Employee signature does not indicate agreement, merely rece	Date (08/96/14
Witness	Date	
Signature		
Steward Signature (if applicable)	Date	

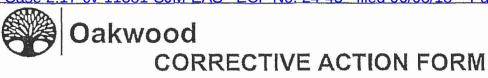
Employee declined a cipy of corrective action. (in) expert

	-	-		
Oakwoo		II ACTI	ONFORM	
1			ON FORM	
EMPLOYEE INFORMATION				
Employee ID				
Lasi Brown		First Name Dount		Indial
Name Job		Nome Com		
Tille Office Manager				
Department 838835 - Oakwood Sl	eep Center Cantor	n		
Location site 96		Check One	/ Fu#-Time	Bargaining Position
Hure Date 06/09/1981			Рви Тіте	Yos VNa
			Temporary (cordingent)	
INCIDENT INFORMATION CONTRACTOR				
Date 3/28/14	Inodent	118	1	
Reported	Туре	LONDON CONTRACTOR OF THE PARTY	See back of this form for	Incident Type Codes
Supervitor Caryn Prather				
WEITO METATER				
Action Counseling	(Y	•	pension - (List Dates):	
Step Winten Warning #1	4/7	7/14 5 4/8/	14 4/9/14	4/10/14 4/11/14
Wnnen Warting #2		Termination (Note:	Termination Date)	
Action 61412.6	Action Discussed	**************************************	ove approvel of ERVLR Leader)	
Date 4/4/14	With (Supervisor) Cz	aryn Prather, Sh	erry Huffman	
Description Behavior which creates	a hostile work en	vironment	Date of Incident 3/	27/14
On 3/27/14 Donna was observed	thy staff and a vi	sitor to be hosti		n the telephone. This
behavior violates CREDO and it				ii inc terephone. This
Supervisor/Manager Signalure			Date 1/4	1/4
Director C			Date	
Signature				
Signature Facture	C. T.	12	Date	1-4-14
EVELONE SOUNDENDS				
	7-6	The second state of the second		The state of the s
- Commence		Processing the Processing of t		
Signature of Employeer	1		Date _	7.7/7
Employee signature does not indicate agr	eemant marely receipt	of this report		
Wilness			Date	
Signature Steward Signature		######################################	Date	
Sleward Signatura (Il applicable)			L/d (U	

Oakwood			
CORRI	ECTIVE ACTION	JN FORM	
EMPLOYEE INFORMATION			
Employee ID			
Last	First		Initial
Name Job	Name	5000	
Title EUS 1			
Department FEN WI YOUN ON S	al Servis	K-3	
Location DBNC1		Full-Time	Bargaining Position
Hire Date		Part-Time	In Yes No
2-9-2004		Temporary (contingent)	
INCIDENT INFORMATION			
	cident 118	1	
	pe 113	See back of this form for	ncident Type Codes.
Supervisor Name			
ACTION TAKEN			
Action Counseling	3 Day or 5 Day Suspe	ension - (List Dates):	
Step Written Warning #1	8.26 8	27 8-28	
Written Warning #2	Termination - (Note Te	ermination Date): //e approval of ER/LR Leader.)	
Action C: Action Dis		o approval of all tall account.	
Date & Zic 14 With (Sur		Data of	
Description Behavior that create	is hestile envry	Camen Incident	8-22-14
Partient Complaint tha	t individual	displayad c	lenacial for Pla
behavior towards co-	worker and	sentinued to	cimplan about
her job while clean	ing partient	FOCW.	
Supervisor/Manager 1	11/1/11	Date S.	18-14
Signature Director	-Elsau Cyr	Date	-3 11
Signature	V	Date	
ER/LR Director	`	Date CO	1 × -1 V
Signature EMPLOYEE COMMENTS			
Employed called a	t home CA	given to	Unión Steward
Individual to repor	t on mexts	subject used a	Lain.
Signature of Employee		Date	J
Employee signature does not indicate agreement, me	erely receipt of this report.		
Witness		Date	
Signature			
Steward Signature - Signature		Date 8-28	-14

	Oakwood	RECTI	VE AC1	CION F	ORM		
EMPI O	YEE INFORMATION		VLACI		Oldial		
Employee I	The state of the s	STATE STATE OF THE		aen.			
Last Name	dsoft		First Name	NB.			Initial
Job ES2						.•	
Department	t EVS						
Location D	BNOI		Charle Oan	✓ Full-Time		Bargaining	Donition
Hire Date 2			Check One	Part-Time		Yes	
INCIDENT	NFORMATION \$ 7.5 SEE SEE						d'a
Date Reported	4-15-14	Incident Type	118/117	See b	ack of this form for	Incident Type	Codes.
Supervisor Name	THE PROPERTY OF THE PROPERTY O	Victor Work					
ACTIONTA		Texas		unnancian (Li			i i sa garantan 🖁
Action Step	Counseling Written Warning #1	<u>L</u>	3 Day or 5 Day S	121114	H122/14		
lareh	Written Warning #2		Termination - (Not		Date):		
Action		on Discussed	(Termination mus	Have approva	TOTETOLK LEADER.)		
Date Description of Incident	I 17 failure to full fill respor	(Supervisor) Isibilities & 1	18 unacceptab	le behavior	Date of Incident 4-	15-14	
Sheryl Sanford		ds to be dising w	nfected. Sheryl	told Santo	lood spots onl "you talk t	oo much a	nd need to shut
Supervisor/N Signature	Namager Patty Ma	loy			Date 4	8/14	
Director Signature		V			Date /	,	
ER/LR Difect Signature	Hobbles	7			Date 4/17	114	
EMPLOYEE	of Employee REFUSE	2 to	Sign		Date _		
Employe	e signature does not indicate agreeme	ent, merely receip	t of this report.				
Vitness Signature	, 1	_			Date		
iteward Sign		allers			Date 4-13-	14	0525

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.639 Page 18 of 31



EMPLOYEE INFORMATION						
Employee ID						
Last		First Name)		Initial
Job Title ES-2		jisane				
Department Environmental Services						The second secon
Location DBN01		Check One	V	Full-Time	Bargaining	Position
Hire Date 4/19/10				Part-Time Temporary (contingent)	☑ Yes	s No
INCIDENT INFORMATION			a L			
Date 5/21/14 Reported	Incident Type	102		See back of this form for I	ncident Type	o Codes.
Supervisor Name Patty Maloy						
ACTION TAKEN						
Action Counseling		3 Day or 5 Day S	uspe	ension - (List Dates):		
Step Written Warning #1						
Written Warning #2	✓	Termination - (Not (Termination must		ermination Date):e approval of ER/LR Leader.)	···	
	Discussed	·				
Description of Incident Profane and abusive language	Supervisor)			Date of 5/2	1/14	
At 2:55pm on 5/21/14, was sitting cursing loudly, saying "They needs to clemployees were trying to get him to qui Donna White. Jake has an active suspendent behavior and is a major work rule violation."	hange the fuet down. The ension for us	ucking walls. H le behavior wa sing profane la	le u s w ngu	sed the word "fuck" sev itnessed by several EV tage in the workplace.	/eral time S employ ſhis is un	s. Other rees and supervisor acceptable
Supervisor/Manager Signature	las			Date 5 -	27-	14
Director				Date		
Signature ER/LR Director	· ·			Date		
Signature Sove	Syn	~		5/	27/	2014
EMPLOYEE COMMENTS			74		, ; , f ,	
Signature of Employee				Date		
Employee signature does not indicate agreement	, merely receipt	of this report.				;
Wilness	1		e-Activists	Date		
Steward Signature Brien Chub	hay			Date 5-2°	7-14	

Revision Date: 03/16/2004

Column	. d			
Oakwoo		VE ACT	ION FORM	
EMPLOYEE INFORMATION				
Employee ID 051379				
lame Meyers-Silvan		First Name Roxi	16	Initial
ob Title ES1				
Department EVS				
DBN-01		Check One	√ Full-Time	Bargaining Position
Hire Date 5/19/2008		Jorieda Orie	Part-Time	Yes No
Same Parameter States			Temporary (contingent)	
NCIDENT ÎNFORMATION Date 1/6/2015	Incident			
Reported	Туре	118	See back of this form	n for Incident Type Codes.
Supervisor lame				
CTION TAKEN Counseling		3 Day or 5 Day Su	spension - (List Dates):	
tep Written Warning #1		3 , 5. 5 25, 66	(2.01.00).	
Written Warning #2	✓	_	Termination Date):	
ction 1/11/2016	Action Discussed	(Termination must	have approval of ER/LR Lead	der.)
escription Devine slamed another	With (Supervisor)	ut of other EVS	employees Date of	1/4/2016
Behavior that creates a hostile		· · · · · · · · · · · · · · · · · · ·	an Imadon	
Termination d	All, III	12/2016	P	
supervisor/Manager	1_		Date	2/16
irector	TOVIL	2	Date	11-16
ignature R/LR Director	21810	. 7	· Date /	12/2016
ignature A DELLE COMMENTS	F.V.au			12/2014
	,		Y	
Signature of Employee Employee	ee Viefuse	ed to s	Car Da	te 1/12/2000 of File
Employee signature does not indicate a	greement, merely receip	t of this report.	1	
Vitness Dilm Crewit	P		Date	12-16
teward Signature f applicable)			Date	
Jum @ 2; 20 pm	XX'L	Cen 1-11	-16	
dvm @ 2; 20 pm for 2; 30 pm Roxine swnn Mryers-swnn Mryers-308-5147	RC	(en) 1-11 1-11-16		
ROXING-SWAN	100.	1 11 10		
Mey 308-511	774	1-11-16		

Case 2:17-cv-11381-SJM-F	AS ECF	No. 24-45 f	led 06/08/18 Pa	ageID.641 Pa	ige 20 of 31	
Oakwood	NE OTI	/E A OTI	N 5004			
EMPLOYEE INFORMATION	KECTI	VE ACTION	ON FORM			
Employee ID 057129						
Last		First		Initial		
Job ES1		Name				
Department Environmental Services						
Location DBN01		Check One	Full-Time	Bargaining Position		
Hire Date 7/6/10		Toneck One	Part-Time Temporary (contingent)	Yes]No	
NCIDENT INFORMATION						
Date 5/29/15 Reported	Incident Type	102	See back of this form fo	r Incident Type Codes.		
Supervisor Name						
ACTION TAKEN Action Counseling		Day or 5 Day Suspe	ension - (List Dates);			
Step Written Warning #1	<u> </u>	6/11 6/1	14 6/15			
Written Warning #2		Termination - (Note Te	ermination Date): ve approval of ER/LR Leader.)		
	Discussed Supervisor)	(remination made na	o approval of Elivery Eddoor.	7		
Description Profane or abusive language.	Supervisory		Date of Incident 5	/29/15		
conducted herself in an inappro	priate manr	er including usin		language while ta	lking to a	
manager. Please see attached documer	nt.					
	1			Po Maria de Caración de Car		
Supervisor/Manager Signature	$\backslash \backslash$	i	Date 6/10	0/15		
Director V			Date			
R/LR Director	lder	\supset	Date / p/2	1/2015	Entered	, I.
MPLOYEE COMMENTS				1 001	Entered Colls/20	1
Signature of Employee <u>REFUSC</u> Employee signature does not indicate agreement			Date			
Vitness			Date			
ignature Iteward Signature British Chumb f applicable)	Mi		Date 6-1	045		
applicable)	V		- '			

JUN 15 2015 REČEIVED

HUMAN RESOURCES

(if applicable)

Oakwood

MAY 22 2015

CORRECTIVE ACTION FORM RECEIVED

				I CIZIAI [
EMPLOYEE INFORMATION						
Employee ID						
Last		First			Initial	
Name		Name A	heen		Tribbar	
Job EQ 4						
Title ES-1						
Department EVS					.•	
Location DBN01		Check One	✓ Full-	Time	Bargaining Position	
Hire Date 5/12/15			Part	-Time	✓ Yes No	
			Tem	porary (contingent)		
INCIDENTINEORNATION	No.			51677/655 TO 1517 1477 TO		an s
	Incident	7 5 - 1 - 1 - 1 - 1 - 1		TREE OF ME TO SEE SEE SEE SEE	to entry phonocompanies the state against	01.0000000
Date 5/12/15 Reported	Type	118	:	See back of this form for Ir	cident Type Codes.	
Supervisor						
Name ACTIONTAXEUS			外 學學績			元
Action Counseling	7	3 Day or 5 Day	Suspension	n - (List Dates):		
Step Written Warning #1		5/13/15	5/15/15	5/16/15		
	<u></u>	- ' ' '	· - ·			restored
Written Warning #2		Termination - (N		proval of ER/LR Leader.)	700000	
Action 5/12/15	Action Discussed					
Date 5/12/15	With (Supervisor)	uspended pe	nding inv	estagation		
Description Behavior which created a of Incident	a hostile work env	rironment		Date of Incident 5/12	/15	
The family member of the patient cleaned. The next time cleaning of the room cleaning of the room at the time.	ntered the room s chavior was creat	he became o ing a hostile	confronta environm	tional with the family nent, and family	member, regarding the	ad e e e
Supervisor/Manager	,			Date		
Signature						
Director Signature , 7				Date		
ER/LR Director			-	Date/	. /	
Signature Signature	-			5/2	0/15	
EMP TO MEE COMMENTS	部列外的	From the	可以图料	全。14年10年11日前	\$10. 但然后是一个 企业的 是	到路:
Signature of Employee	-+001			Date 5/2/1	lin	
Employee signature does not indicate agree	eement, merely receipt	of this report.		- 5/20	//.5	
Witness				Date		
Signature						
Steward Signature - Bolen Cr	erenfrank			Pate 5-20	1-15	

Revision Date: 03/16/2004

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.643 Page 22 of 31

Oakwood		
CORR	ECTIVE ACTION F	ORM
MPLOYEE INFORMATION		edical the structure of the structure of the
Employee ID 046075		
Last Name	First Name	Initial
Job Title ES 1		20.50
Department EVS		
Location		
Beaumont Dearborn	Check One ✓ Full-Time	Bargaining Position
Hire Date 9/11/2006	Part-Tim	e Yes No
Tables and Street Stree		ry (contingent)
INCIDENT INFORMATION		
Date 8/27/2015 Reported	Type 118 See	back of this form for Incident Type Codes,
Supervisor Name Donna White		
ACTION TAKEN		
Action Counseling	✓ 3 Day or 5 Day Suspension - (L	
Step Written Warning #1	8/28/15 8/31/15	9/1/15
Written Warning #2	Termination - (Note Termination	
Action Action	(Termination must have approve	a of ER/LR Leader.)
ate With (S	Supervisor)	Date of
of Incident Creating a hostile work environment	onment	Incident 8/26/2015
See Statements. Behavior which creats a hostile work of	environment.	Ŷ
.ð.		in the state of th
Supervisor/Manager /	1 6 1	Date
Signature hy Granica d	1 de si	9-37-13 Date
Signature / /	PKE	h e
ER/LR Director	+ Kullen Filder &	9-27-15
Signature 1700		
Employee	of Filede	~ 8/27/2015
Signature of Employee	Sign - 1	Date
Employee signature does not indicate agreement,	, merely receipt of this report.	ſi,
Witness Signature		Date
Steward Signature	And the state of t	Date State State Asset
(if applicable)	the state of the s	1 - 1 - 1 - 2 - 2

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.644 Page 23 of 31

Oakwood		HUMAN RESOURCE
	IVE ACTION FORM	SEP 28 2015
		RECEIVE
Last Name	First Name	Initial
Job Title ES1		
Department EVS		
DBN-01	Check One ✓ Full-Time	Bargaining Position
Hire Date 09/11/2006	Part-Time Temporary (contingent)	Yes No
INCIDENT INFORMATION		
Date 09/17/2015 Incident Type	118 See back of this form to	or Incident Type Codes.
Supervisor Name Anthony Yeo - Assistant Director EVS	3	
ACTION TAKEN Action Counseling	3 Day or 5 Day Suspension - (List Dates):	
Step Written Warning #1		
Written Warning #2	Termination - (Note Termination Date): 09/	28/2015
Action Discussed With (Supervisor)	Anthony Yeo- Assistant Director EVS	
escription Behavior which creates a hostile work	environment Date of Incident	09/17/2015
Behavior which creates a hostile work environment Violation of OHI- Policy #105.		r towards another employee.
Supervisor/Manager / / /	Date	, , ,
Signature and the signature	7/	28/15
Director Signature	Date (7)	128/15,
ER/LR Director Signature EMPLOYEE COMMENTS	Date of	7/28/2015
Lufused to sign -	- H. Filder 1/28/2	015
Signature of Employee Employee signature does not indicate agreement, merely rece	Date int of this report	
Witness	Date	
Signature signature	Date	Van lanie

Oakwood				·		
	RECTIV	VE ACT	ION F	ORM		
EMPLOYEE INFORMATION						
Employee ID 012750						
Last Name		First Name	b		Initial	***
Job Title Electrician						
Department Facility Services						
Location Beaumont Dearborn		Check One	Full-Time	***************************************	Bargaining Position	
Hire Date 6/7/10			Part-Time		✓ Yes [No
			Temporar	y (contingent)		
INCIDENT INFORMATION				ba a salah sar		***
Date Dec. 1st 2015 Reported	Incident Type	102	See b	ack of this form for	Incident Type Codes.	
Supervisor Name Derek Reszczyk						
ACTION TAKEN	<u>:</u> -4, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,				forter of the	
Action Counseling	✓	3 Day or 5 Day S	uspension - (Li	st Dates):		
Step Written Warning #1	<u>1 a</u>	2-18 1	2-19	12.22		
Written Warning #2		Termination - (Not		Date): of ER/LR Leader.)		
	Discussed	(Terrimation index	17	/ LIVEN LEAGES.		**************************************
Description of Incident Profane or abusive language	(Supervisor) towards Ma	nagement	3 8	Date of Incident 12	/1/15	
Calling Management a profane name			at twice in	Incident		rament
Canning Management a protatie name	during rade	die not once b	ut twice iii	HOME OF OTHER	stati aliu ivialia	gernent
Supervisor/Manager O Colerco				Date		
Signature Signature				Date 10/0/15	-13	~
Signature A Mullic 21/	~			12/2/15		
ER/LR Director Signature	WIK			Date	-2-15	12-15-15
EMPLOYEE COMMENTS						
	and the second	7 1		.5		
		1	·			
Signature of Employee	Bull	MUA	1	Date _		
Employee signature does not indicate agreement	t, merely receipt	of this report.				
Witness	1			Date		
Signature Steward Signature,	/			Date M	-/-	
(if applicable) Kalling Phillips	<u> </u>			1041	5/15	

			VE AC	TION F	ORM		
Employee	YEE INFORMATION SEED TO						
Last	RUITT		First Name	BERT	and the second s	Initial	
Job Title Pa	inter						
Departmen	^{nt} Facility Services						
Location (OH-D		Check One	Full-Time	Annual Annua	Bargaining Positi	ion
Hire Date	7/05/1976			t	y (contingent)	√Yes	No
MGIDENT	Med manen					1. 174. TO	
Date Reported	5/26/15	Incident Type	102	See b	ack of this form for I	Incident Type Cod	es.
Supervisor Name							
Action	Counseling		3 Day or 5 Day				211
Step	Written Warning #1		6/10	6/11	6/12		
	Written Warning #2			lote Termination I			
Action Date		n Discussed (Supervisor)	termina de la destaca de la de	and the second			
Description of Incident		(Gupervisor)			Date of Incident		
	as rude, loud and inapproally profane language in the EV						ve and
Supervisor/	Manager () () () ()	<u></u>	ANTICLE STREET,		Date / - Q	-15	
Signature Director	- STAMAM			<u> </u>	Date 7	-/->	
Signature		7			6-7	-0	
ER/LR Direction Signature	ctor Sand PE	8=			Date	09/2015	5
	GOMMENTS .						
Signature	of Employee				Date		
Employe	ee signature does not indicate agreemer	nt, merely receip	t of this report				
Witness Signature	ò			All the second s	Date		
Steward Signature If applicable		25/	7		Date 6	9-1	5

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID.647 Page 26 of 31

Oakwood					JUN 23	
CORR	ECTI	VE ACTIC	NF	ORM	ECE	VED
EMPLOYEE INFORMATION						
Last Name		First Name Ryan			Initia	
Job Title Dietary Assistant II						
Department Food & Nutrition Services						
Location DBN01		Check One	Full-Time		Bargaining Posi	ion
Hire Date 09/10/2007			Part-Time	(contingent)	Yes	No
INCIDENT INFORMATION						
Date Reported	Incident Type	118	See ba	ck of this form for Ir	ncident Type Cod	les.
Supervisor Name	l					
ACTION TAKEN						
Action Counseling	- Innered	3 Day or 5 Day Suspe			(100/15	
Step Written Warning #1	6/1	18/15 6/20/1	5	6/21/15	6/22/15	6/2 3 715
Written Warning #2	Written Warning #2 Termination - (Note Termination (Termination must have approva					
	Discussed Sh	nerry Huffman, Sh	nannon I	_ozon		
Date With (Supervisor) Sherry Human, Shamon Dozon Description of Incident Inappropriate conduct Date of Incident						
Employee inappropriately touched two female co-workers. This conduct is unacceptable, creates a hostile working environment and constitutes sexual harassment. Mandatory EAP sessions and compliance with treatment recommendations is required.						
Supervisor/Manager	The second of th	, A. W		Date		
Director Signature	1.1			Date .	1.	
Signature ER/LR Director	7/1	17251	1 ' , ii	Date (1	
Signature LINA T	JOS TOW		1.4/15	(1) -	15-15	
EMB TOWER ON WEATS	1/M/2/1			Data		- (5
Signature of Employee U.A.IV.		t of this report.	-	Date		
Witness Signature	in the second second		Control Management	Date		
Steward Signature (if applicable)	ONOS			Date (0-1)	3-15	

Oakwood CORRECTIVE ACTION FORM						
EMPLOYEE INFORMATION	7	10.11				
065052		First		Initial		
Name Job		Name Gabries				
Title Construct		· · · · · · · · · · · · · · · · · · ·				
Department Phlebotomy	******	y				
Dbn-01		Check One	Full-Time	Bargaining Position		
Hire Date 12/17/2012			√ Yes No			
INCIDENT INFORMATION				的名称中国共和第二种特别的国家。 第二十二章		
Date 1/18/17 Reported	Incident Type	106	See back of this form fo	r Incident Type Codes.		
Supervisor Name Janice Davis						
ACTION TAKEN			1110 243 4,511 5			
Action Counseling		3 Day or 5 Day Suspe	ension - (List Dates):	w.		
Step Written Warning #1						
Written Warning #2	1	Termination - (Note Te (Termination must hav	ermination Date): 2/6/	A 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Action Discussed With (Supervisor) Janice Davis/Keith Reynolds						
Description of Incident	Description Date of					
Because a co-worker (D.J.) disagreed with her on a workplace issue, employee intentionally sought out a co-worker's wife on social media for the purpose of harassing the wife and co-worker D.J. by revealing personal information about the D.J.'s behavior and personal relationships with co-workers.						
Supervisor/Manager			Date	Date		
Signature Director 1/1991 T 1/1991			Date 2-6	Date 2-6-2017		
Signature ER/LR Director			Date 0	10.1		
Signature EMPLOYEE COMMENTS Date 2 06 20 7						
EMPLOYEE COMMENTS				W		
Signature of Employee						
Wilness			Date			
Signature	,		Deta	1		
Steward Signature (if applicable)	7	Ş	Date	1(a./17		

Oakwood	VE ACTION FORM
EMPLOYEE: INFORMATION	
Employee ID	*
Last	First Initial
Name	Name LADAWN
Title Environmental Specialist II	
Department Environmental Services	
Location 01	
Hire Date 1 ()/23/2()00	Check One ✓ Full-Time Bargaining Position Part-Time ✓ Yes No
Inite Date 10/25/2000	Temporary (contingent)
INCIDENT INFORMATION	
Date 7/16/17 Incident	121 See head of this form for invident Time Codes
Reported Type Supervisor	See back of this form for Incident Type Codes.
Name	
ACTION TAKEN	Zan can a can a distribution
Action Counseling	
Step Written Warning #1	Termination - (Note Termination Date):
Written Warning #2	(Termination must have approval of ER/LR Leader.)
Action Discussed Date 7/19/17 Action Discussed With (Supervisor)	
Description	Date of
of Incident	Incident
See attached description	
Supervisor/Manager Signature	Date 17-19-17
Director	Date
Signature ER/LR Director	Date D C. L.
Signature COMMENTS	1 /119117
EWATOLEE COMMENTS	
Signature of Employee	Date
Employee signature does not indicate agreement, merely rece	
Witness Signature	Date .
Steward Signature (Nica (North Mil	Date 7 - [6] - [7]

7/19/2017

RE: Indiametral isciplinary Suspension

On 7/16/17 Labour Hackett was involved in an incident with an employee on 6 South. It started when a pawn imped the employee's leg with the floor machine.

During the incident and subsequent conversation between the employee and Manager and Schibited physically and verbally threatening and aggressive behaviors towards the employee.

LaDawn body language, gesturing and language was intimidating towards the employee.

At one point La Dawn made the statement to the employee. "You are lucky you are safe here at work".

The conversation was so loud and disruptive that staff had to close doors to patient rooms.

The employee feels threatened and is afraid to come to work.

Case 2:17-cv-11381-SJM-EAS ECF No. 24-45 filed 06/08/18 PageID 6514 Page 30 of 31

				WINAN DIS
Oakwood	3			APR 11 2000
		VE ACTI	ON FORM	RECEIVE
EMPLOYEE INFORMATION				
Employee ID				
Name Toporowski		First Name Jamio	5	Initial .
Job EVS I				
Department EVS	,		-	
Location DBN-01		Check One	Full-Time	Bargaining Position
Hire Date 04/18/2011			Part-Time Temporary (contingent)	√Yes No
INCIDENTINEORMATION	The spine of the stage			
Date 03/27/2016 Reported	Incident Type	106	See back of this form for	Incident Type Codes.
Supervisor Name Kimberlyn Fortino, Dire	ector EVS Ro	sie Fortune - Su	pervisor Afternoon shift	
VC/nonly/(NE)			Martin Strain	
Action Counseling		3 Day or 5 Day Sus	pension - (List Dates):	
Step Written Warning #1	-		 ,	
Written Warning #2	<u> </u>	Termination - (Note (Termination must h	Termination Date): 4/ ave approval of ER/LR Leader.)	11/2016
0/11/2/11/6	Action Discussed Kith (Supervisor) K	Limberlyn Fortin	o - Director EVS	
Description of Incident Sent to Midwest for fitne	ss for duty		Date of Incident 03	/27/2016
Employee suspended pending inv	restigation on 3	/27/16.		
4/11/2016 Positive fitness for du terminated for positive drug scree				
Supervisor/Manager			Date	
Signature Taga A. I			Date 4	die
The state of the s	two		Data	116
ER/LR Director Date 4/11/2016				
EMPLOYEE COMMENDS			45. TWEER ST. J. 43	Wind tribing are a first to the
Signature of Employee Washington Signature of Employee signature does not indicate agree	ement, merely receiv	- Harrison	Date_	4/11/2016
Witness			Date	
Signature				
Steward Signature	who		Date (4-11-1	t

Case 2:17-cv-11381-SJM-E					0.652 Page 31 of 31	
CORI	RECTI	VE ACTI	ONFO	DRM		
EMPLOYEE INFORMATION.	医大学		學为			
Employee ID 013412						
Last Name		First Name Albert			Initial	
Job Title Painter						
Department Facility Services	***************************************					
Location		T				
Dbn 01		Check One	Full-Time		Bargaining Position	
Hire Date 07/05/1976	Hire Date 07/05/1976			ne Yes No		
			Temporary (contingent)		
INCIDENT INFORMATION						
Date 10/7/16 Reported	Incident Type	121, 003	See bac	of this form for I	Incident Type Codes.	
Supervisor Name Derek Reszczyk						
ACTION TAKEN						
Action Counseling		3 Day or 5 Day Sus	pension - (List	Dates):		
Step Written Warning #1	-					
Written Warning #2	V	Termination - (Note		-		
Action Action Action	on Discussed	(Termination must h	ave approval of	ER/LR Leader.)		
Date 10/14/16 With	(Supervisor)					
Description of Incident				Date of Incident 10	/7/16	
See attached.						
Supervisor/Manager/ / /	/		T.	ate		
Signature Sully						
Director O O O O				Date		
ER/LR Director	X		ı	Date [0]	14/16	
Signature Same Signature S	- (1) 95	un			14 110	
EMISTOAES COMMENTA						
Signature of Employee				Date		
Employee signature does not indicate agreeme	nt, merely receip	ot of this report.		Date _	ş	
Witness Signature				ate		
Steward Signature	H		1	Date 10/14	1110	
(if applicable) Vau Vau	<u>//</u>			10/19	110	